

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **M72004** (8)
1. Corporation Name
GOLD COAST ALUMINUM, INC.



Principal Place of Business % MARIANNE CLAY 6305 SOUTH HEADER CANAL RD. PT ST LUCIE FL 34988	Mailing Address % MARIANNE CLAY 6305 SOUTH HEADER CANAL RD. PT ST LUCIE FL 34988
----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 206 Chamberlin Blvd City & State FT. PIERCE FL. Zip 34946		2a. Mailing Address 26 Suite, Apt. #, etc. 206 Chamberlin Blvd City & State FT. PIERCE FL Zip 34946		3. Date Incorporated or Qualified 03/09/1988	
22 206 Chamberlin Blvd		27 206 Chamberlin Blvd		4. FEI Number 65-0059156	
23 FT. PIERCE FL.		28 FT. PIERCE FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34946		29 34946		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLAY, MARIANNE 6305 SOUTH HEADER CANAL RD. PT ST LUCIE FL 34988				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 206 Chamberlin Blvd.	
83 City FT. PIERCE				84 City FL	
85 Zip Code 34946					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAY, MARIANNE			1.2 NAME			
STREET ADDRESS	6305 S. HEADER CANAL RD			1.3 STREET ADDRESS	206 Chamberlin Blvd		
CITY-ST-ZIP	PT ST LUCIE FL			1.4 CITY-ST-ZIP	FT. PIERCE FL. 34946		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAY, DENNIS			2.2 NAME			
STREET ADDRESS	6305 S. HEADER CANAL RD			2.3 STREET ADDRESS	206 Chamberlin Blvd		
CITY-ST-ZIP	PT ST LUCIE FL			2.4 CITY-ST-ZIP	FT. PIERCE FL. 34946		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marianne Clay

4/3/98 (561) 878-0882

CR2E034 (10/97)